

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>name</i>): _____	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: _____	
PROOF OF SERVICE PETITION/APPLICATION, ADULT CRIME(S) (Health and Safety Code, § 11361.8)	DATE OF BIRTH: _____ CASE NUMBER: _____

PROOF OF SERVICE

Personal Service

Service by Mail

1. Person serving: I am over the age of 18 and not a party to this action.

- (1) Name: _____
 (2) Address: _____
 (3) Telephone: _____

2. I served a copy of the Petition/Application for Resentencing or Reduction to Infraction as follows (*check one*):

a. Personal Service: I personally delivered the Petition/Application for Resentencing or Reduction to Infraction to the person at the address listed below:

- (1) Name of person served: _____
 (2) Address where served: _____
 (3) Date Served: _____
 (4) Time Served: _____ AM PM

b. Service by Mail: I deposited the Petition/Application for Resentencing or Reduction to Infraction in the United States mail, in a sealed envelope with first class postage fully prepaid. The envelope was addressed as follows:

- (1) Name of person served: _____
 (2) Address: _____
 (3) Date of Mailing: _____
 (4) Place of Mailing (city and state): _____

I declare to the best of my information and belief that the foregoing is true and correct.

Date: _____

(Signature of Declarant)

(Printed Name of Declarant)